REQUEST/FUR PATENT FEE REFUND					
1 Date of Request: 4 22/03 2 Serial/Patent # 09/925,109					
3 Please refund the following fee(s):		4 PAI	PER IBER	5 DATE FILED	6 AMOUNT
	Filing				\$ _
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
1460	Petition	H		11/5/02	\$ 130
	Issue				\$
	Cert of Correction/Terminal Disc.		. ; .		\$
	Maintenance				\$
	Assignment	·			\$
	Other	·			\$
		7 TOTAL AMOUNT \$ 130			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
-	Overpayment	X	C	redit Dep	osit A/C #:
	Duplicate Payment		9 1	9 2	5 5 5
X	No Fee Due (Explanation):		-		
NO FEE DUE ON 1.10 PETITIONS					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: D WOOD TITLE: 9A 4779					
SIGNATURE: PHONE: 3086918					
office: <i>DF</i>					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: Oliver Kill DATE: 4/23/02					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B